


## WELL POTENTIAL TEST REPORT (WPT)

1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	4. LEASE NO. GO1194	3. WELL NO. G002	2. API NO. (with Completion Code) 17-707-4927-01-S01	11. OPERATOR NAME and ADDRESS (Submitting Office) Byron Energy Inc. 425 Settlers Trace Blvd. Ste 100 Lafayette, LA 70508	
8. FIELD NAME SM 73	5. AREA NAME SM	6. BLOCK NO. 58	50. RESERVOIR NAME Upper O Sand		
88. TYPE OF REQUEST <input type="checkbox"/> INITIAL <input type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input checked="" type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REESTABLISH	89. ATTACHMENTS PER §§ 250.1151(a) and 250.1167 <input type="checkbox"/> LOG SECTION <input type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER _____	7. OPD NO.	10. BSEE OPERATOR NO. 2961	43. DATE OF FIRST PRODUCTION 10/30/2020	
		9. UNIT NO.	90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE		
<b>WELL TEST</b>					
92. DATE of TEST 5/12/21	93. PRODUCTION METHOD Gas Lift	94. TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	95. HOURS TESTED 12	96. CHOKE SIZE (Test) 64	97. PRETEST TIME 12
98. CHOKE SIZE (Prefest) 64	99. SHUT-IN WELLHEAD PRESSURE (Gas wells only)	100. FLOWING TUBING PRESSURE 114		101. STATIC BHP (Omit on Public Info. Copy)	
102. LINE PRESSURE (Gas wells only)		103. TOP PERFORATED INTERVAL (md) 7390'		104. BOTTOM PERFORATED INTERVAL (md) 7616'	
<b>TEST PRODUCTION - 24 HOUR RATES</b>					
105. OIL (BOPD) 85	106. GAS (MCFPD) 381	107. WATER (BWPD) 85	108. API @ 14.73 PSI & 60° F 37.8	109. SP GR GAS @ 14.73 PSI & 60° F 0.634	
115. OTHER ACTIVE COMPLETIONS IN RESERVOIR (Continue in Remarks or attach an additional sheet if necessary.)					
LEASE NO.	WELL NAME	API WELL NO.	LEASE NO.	WELL NAME	API WELL NO.
1. G01194	G001	177074092601	5. 501		
2.			6.		
3.			7.		
4.			8.		
91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) (Required only for Pacific and Alaska OCS Regions.)					
26. CONTACT NAME Kim Carrier		27. CONTACT TELEPHONE NO. 337-769-0546		32. CONTACT E-MAIL ADDRESS kcarrier@byronenergy.com	
28. AUTHORIZING OFFICIAL (Type or print name) Christopher J. Decuir			29. TITLE Operations Manager		
30. AUTHORIZING SIGNATURE 			31. DATE 6/3/21		
<b>THIS SPACE FOR BSEE USE ONLY</b> REQUESTED MPR <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED (Pacific and Alaska OCS Regions)					
BSEE AUTHORIZING OFFICIAL				EFFECTIVE DATE	

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## 116. REMARKS

Total Gas: 901 MCFD  
Formation Gas: 381 MCFD  
Gas Lift Gas: 520 MCFD  
Water Cut: 50.2%

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.

Name and Title: John J. Operations Mgr Date: 6/3/21

**PAPERWORK REDUCTION ACT STATEMENT:** The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that this information is collected to implement the various environmental provisions of the OCS Lands Act. We use the information to determine well, lease, and field producing capability and serves as the basis for approving maximum production rates for certain oil and gas completions. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden of this form is estimated to average 3 hours per response, including the time the geologists need to prepare the map, time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Hemdon, VA 20170.